



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/08/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986646503

FACILITY NAME -> EXPRESSLY PORTRAITS INC

MAILING ADDRESS -> 1151 TRITON DR SUITE C
FOSTER CITY, CA 94404

INSTALLATION ADDRESS -> 400 COMMONS WAY SUITE 300
BRIDGEWATER, NJ 08807

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: ORCHARD, MEL
DIR TECH SVCS
EXPRESSLY PORTRAITS INC
1151 TRITON DR SUITE C
FOSTER CITY, CA 94404

DATE:

2/5/93

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name:

Expressly Paints Inc. (Form 2)

- 1) ☐ Name of Installation is incomplete.
- 2) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.

☐ Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.
Please indicate purpose of transporter activity in Box a or b of Activity 2.
If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.

☐ Activity No. 3, Treater, Storer, Disposer, has been indicated.
Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.
If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- 6) ☒ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

- 10) ____ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ____ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ____ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.
- 13) ____ Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

____ The above named facility is the previous operator at this location.

____ Other. Please explain. _____

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

REGIONAL
AGENCY REGION II

93 FEB -2 PM 1:06

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

Installation's EPA ID Number
MTD 9816146503

II. Name of Installation (Include company and specific site name)

Expressly Portraits, Inc.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

400 Commons Way, Suite 300

Street (continued)

City or Town

Bridgewater

State

ZIP Code

NJ 08807-

County Code County Name

035 Somerset

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1151 Triton Dr., Suite C

City or Town

Foster City

State

ZIP Code

CA 94404-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

Orchard

(first)

Mel

Job Title

Dir. Tech Svcs.

Phone Number (area code and number)

415-578-9291

ext.
236

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

Foster City

State

ZIP Code

CA 94404-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Richard L. Theobald, pres.

Expressly Portraits, Inc.

Street, P.O. Box, or Route Number

1151 Triton Dr., Suite C

City or Town

Foster City

State

ZIP Code

CA 94404-

Phone Number (area code and number)

415-578-9291

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
- Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s)
- Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s)
- Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

☐ ☐ ☐ ☒ D011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Melvin C. Orchard

Name and Official Title (type or print)

Melvin C. Orchard III
Director of Technical Services

Date Signed

9.7.92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

DATE:

2/5/93

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CHECKLIST OF REASONS
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United States Environmental Protection Agency

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(For Official Use Only)

ENVIRONMENTAL PROTECTION
AGENCY REGION II

63 FEB -2 PM 1:05

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A. First Notification



B. Subsequent Notification
(complete item C)

Installation's EPA ID Number
PROGRAM BRANCH

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NJ 08807-

County Code

County Name

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(first)

Mel

Job Title

Dir. Tech Svcs.

Phone Number (area code and number)

415-578-9291

ext.

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VI. Installation Contact Address (See Instructions)

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Location

Mailing

City or Town

B. Street or P.O. Box

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Expressly Portraits, Inc.

Richard L. Theobald, pres.

Street, P.O. Box, or Route Number

1151 Triton Dr., Suite C

City or Town

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State

ZIP Code

CA 94404-

Phone Number (area code and number)

415-578-9291

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

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B. Used Oil Fuel Activities

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- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

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1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
- D011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

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Signature

Melvin C. Orchard

Name and Official Title (type or print)

Melvin C. Orchard
Director of Technical Services

Date Signed

2/18/93
9.7.92

XI. Comments

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